

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000092206

1. Entity Name
HONEYDOHOLDINGS, INC.



Principal Place of Business
2178 WESTBOURNE DRIVE
OVIEDO, FL 32765 US

Mailing Address
2178 WESTBOURNE DRIVE
OVIEDO, FL 32765 US



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0712263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Anderson
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

3/24/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES TIGHE, JENNIFER 4000 CARNABY DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ANDERSON, ROBERT 2178 WESTBOURNE DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO TIGHE, THOMAS 4000 CARNABY DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ANDERSON, KATHLEEN 2178 WEST BOURNE DR OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000277920
(3/28/05-80005-015 150.00)

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05
Date

Daytime Phone #